

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S ANNUAL REPORT

[R.C. 2111.49]

The undersigned, guardian of the above-named ward, states that my annual report to the Court is as follows:

Ward's age: _____ Ward's date of birth _____

Ward's Address: _____

Name of Facility, if applicable

Street

City, State, Zip Code

Telephone Number and Area Code

Ward's residence is:

☐ own home

☐ group home

☐ nursing home

☐ relative's home (list name and address

☐ foster or boarding home

☐ guardian's home

☐ hospital or medical facility

☐ other _____

If the ward resides in a facility, the name and title of the administrator or person in charge is:

The ward has resided in the present residence since _____

If the ward has moved within the last year, state the reason for the move: _____

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Is your ward in a locked or unlocked setting?

☐ locked ☐ unlocked

Is the ward restrained or has the need for restraints been presented within the past year?

☐ yes ☐ no

If yes, explain: _____

Has your ward changed to a more or less restrictive environment in the past year?

☐ no change ☐ more restrictive ☐ less restrictive

Is the ward currently in the least restrictive environment for the ward's needs?

☐ yes ☐ no

It is my opinion that the ward's present care is: ☐ adequate ☐ inadequate

If inadequate, explain: _____

Do you have recommendations concerning the ward's welfare? If yes, explain: _____

How often do you personally visit your ward?

☐ daily ☐ weekly ☐ monthly ☐ yearly ☐ never

Do you contact your ward in other ways?

☐ telephone ☐ mail ☐ social worker ☐ other

If "other" please specify: _____

The date of your last visit was: _____

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Are you kept informed of your ward's physical and mental condition by medical and/or human services staff?

☐ yes ☐ no

If yes, please specify: _____

During the past year, I believe the ward's physical condition has:

☐ remained the same ☐ improved ☐ deteriorated

if there has been a change in the ward's physical condition, describe the change: _____

Name of ward's physician: _____

Physicians address: _____

Date of ward's last visit to physician: _____

List any public or private professionals actively involved with your ward within the past year:

Check one of the following:

☐ I believe that the continuation of the guardianship is necessary.

☐ I do not believe that the continuation of the guardianship is necessary for the following

reasons: _____

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Within the past year, have you developed any disabilities which hinder your duties as guardian? If yes, explain: _____

Are you able to continue to serve as guardian?

☐ yes ☐ no

The name, address, and telephone number of my attorney is as follows:

Attached is a statement by a physician, clinical psychologist, licensed clinical social worker, or mental retardation team that has evaluated or examined the ward within three (3) months prior to the date of this report regarding the need for continuing the guardianship unless the court previously dispensed with the filing of a Statement of Expert Evaluation.

Date

Guardian's Signature

Type or Print Guardian's Name

Street Address

City, State, Zip Code

Telephone Number - Home and Business

Knowingly giving false information on a probate document is a criminal offense.
[O.R.C. 2921.13(A)(11)]